**MEDISO　Global Pitch 2023  
Application Form**

How to apply

Please fill out the following form, and submit this application form to the MEDISO Secretariat by email.

* Email Address： [mediso\_gp@ml.mri.co.jp](mailto:mediso_gp@ml.mri.co.jp?subject=MEDISO%20Global%20Pitch%20application)
* Email Subject ： MEDISO Global Pitch application
* Deadline for application: Wed., August 23, 2023 at 5:00 p.m. (JST)

Privacy policy&Disclaimer

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| **Privacy policy** | confirm |
| **Disclaimer** | confirm |

\*Please read the Privacy policy & Disclaimer below, then place a check mark in the box if you confirm each of them.

**■Privacy policy**

MEDISO global Pitch (“this Business” hereafter) is sponsored by the Ministry of Health, Labour and Welfare of Japan. The operation and management of this Business is entrusted to Mitsubishi Research Institute, Inc.(“MRI”), and this Business is operated with the cooperation by Johnson and Johnson Innovation LLC ("JJI" hereafter) in U.S. program and Oxentia Ltd in Europe program.

- Purposes

In compliance with Act on the Protection of Personal Information, MRI need your consent to use your personal data for the operational management of this business and the personal data will be shared with JJI and Oxentia.

-Entrusting personal (information to outside parties)

The Institute will entrust personal information to outside parties ,for the purpose of communicating with the selected companies and organizing online events, whose standards for personal information management fulfil our security requirements, and we will appropriately manage and oversee the entrusted parties.

- Privacy policy

MEDISO｜<https://mediso.mhlw.go.jp/privacy/>

Johnson and Johnson｜<https://www.jnj.co.jp/jjmkk/information-protection-privacy-policy.html>

Janssen Pharma｜<https://www.janssen.com/japan/protect>

Oxentia Ltd｜<https://www.oxentia.com/privacy-policy/>

**■Disclaimer**

In the scope of this Business, all support activities, including the advice from experts and evaluations in pitch events, are based on the information deemed to be reliable at the time of mentoring or pitch events. While we endeavor to keep the information up to date and correct, we make no representations or warranties of any kind, express or implied, about the accuracy, reliability, or adequacy of the information with respect to this business. In no event will we be liable for any loss or damage including without limitation, indirect or consequential loss or damage, or any loss or damage whatsoever arising from loss of data or profits arising out of, or in connection with, the use of any information provided by this business.

1. Programs you apply for

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| **U.S. Program** | apply |
| **Europe Program** | apply |

\*Please place a check mark in the box corresponding to the program you are applying for.  
\*You can apply to both the U.S. and EU programs at the same time with one application form.

2. General Information

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| **Company**  \*If you are in academia, please  indicate your affiliation |  |
| **Division** |  |
| **Title** |  |
| **Name** |  |
| **Fields of your business**  **\***Please place a check mark in  the box | Pharmaceuticals  Medical devices (including in vitro diagnostics)  Programmable medical devices  Regenerative medicine products  Other |
| **Website URL** |  |
| **所属（日本語）** |  |
| **氏名（日本語）** |  |
| **住所（日本語）** |  |
| **メールアドレス** |  |
| **電話番号** |  |

※上記の「所属（日本語）」以下は日本語で記載ください。**その他の情報は全て英語**で記載ください。

3. Overview of your business

**\***All contents of the application form should be **non-confidential**,and **written in English**.

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| **Business Title** (within a sentence) |
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| **Business Overview** ( within 250 words) |
| ■Description |
| ■Images |

4. Details of your business

\*All contents of the application form should be **non-confidential**, and **written in English**.

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| **Details of your business and technonology** \*You may break lines, expand the frame, and include figures if necessary.  \*However, please **do not exceed 2 pages**. |
| ■Clients / Targets / Market  ■Details of technology, products and services  ■Most recent business valuation or amount of funding raised  ■Business model  ■Team (How many people, with what expertise, are on your team)  ■Others |

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| **Uniqueness and superiority of your technology or business plan** (within 250 words) |
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| **Unmet medical needs of your technology and prevalence of the target disease** (within 250 words) |
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| **IP strategy (Current status and plans)**  \* Non-confidential information only. |
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| **Timeline for next key milestone (IND, Phase I, POC, Launch, etc)**  \* Non-confidential information only. |
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| (If you apply for **U.S. program**)  **Reasons and Necessity, and plans for U.S. Expansion** (within 250 words) |
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| (If you apply for **Europe program**)  **Reasons and Necessity, and plans for Europe Expansion** (within 250 words) |
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| **Motivation and enthusiasm for participating in this program** (within 250 words) (What do you hope to learn by participating in this program) |
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This is all that is required. Please make sure that the information is correct and complete, and submit this entry form to the Secretariat.